



NEWS RELEASE

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Utah Department of Health is Awarded Two Bioterrorism Response and Prevention Grants

(Salt Lake City, UT) – The Utah Department of Health (UDOH) has been awarded two grants that provide public health funds to prevent and respond to acts of bioterrorism in Utah. The UDOH and Utah's 12 local health departments submitted a grant to the Centers for Disease Control and Prevention (CDC) for \$9.97 million to enhance public health systems and resources. Each state is being awarded funding from the CDC for similar enhancement activities.

In addition to the CDC funding, the Health Resources and Services Administration (HRSA) also awarded the UDOH a grant aimed at helping hospitals and clinics develop their response capacity by increasing education, equipment and supplies. This grant will bring approximately \$1.1 million dollars to Utah and will be administered by the UDOH's Bureau of Emergency Medical Services. Activities for both Bioterrorism grants will begin immediately.

The \$9.97 million CDC grant will provide personnel, training, equipment and other resources to state and local health departments. The grant's six sections provide for infrastructure building in planning, epidemiology, laboratory, professional development, public risk communication and information dissemination and expansion of the current Health Alert Network. "In order to accomplish all the activities covered in the grant, public health departments will closely coordinate with hospitals, first responders, law enforcement and others to develop a comprehensive approach to manage response to a bioterror event," said Dr. Richard Melton, Deputy Director, UDOH, and senior health official over the grant.

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“A strong public health system is needed to detect and control outbreaks whether they result from bioterrorism or occur naturally. A strong public health system means well-trained people equipped with the right tools and working together effectively,” said Dr. Robert Rolfs, State Epidemiologist, UDOH.

Over the past few years, detecting and responding to threats of bioterrorism has become part of the routine public health disease surveillance role. However, available funding and competing priorities have left implementation proceeding at a slow pace in most communities across the U.S. “With the infusion of new grant money Utah will be able to greatly enhance the ability of Utah’s public health agencies to recognize and respond to natural or unintentionally caused outbreaks of diseases like influenza and food poisoning as well as intentional or terrorist acts involving anthrax or other bioterrorism agents,” said Rolfs.

Public health will build on the systems that were used during the Olympics to identify outbreaks as early as possible. Information will be solicited from hospitals, clinics, pharmacies, veterinarians, worksites and other locations. This information will include not only confirmed diagnoses of contagious diseases, but suspicious symptoms such as severe respiratory, gastrointestinal, central nervous system, and skin complaints.

“Because we are out in the community on a daily basis, it may be that the local health department receives the first indications of a bioterrorism event, whether it is through our epidemiology surveillance system, contact with local physicians and hospitals, or by seeing a patient in one of our clinics. This funding will allow us to enhance our capabilities and respond better in the event of an attack,” says Patti Pavey, Executive Director, Salt Lake Valley Health Department. After detection at the local level, the information will be examined at the UDOH to identify trends across the 12 local health departments.

In addition to these disease-monitoring efforts, public health agencies will be working with other agencies to monitor for infectious agents in water, food and livestock. Public health departments also have staff trained in microbiology and epidemiology who act as consultants to the law enforcement community. “Every dollar spent on bioterrorism preparedness will not only protect us against bioterror, but will improve our ability to respond to other public health problems like natural-disease outbreaks and protecting our food supply,” says Pavey.

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If a large-scale infectious disease outbreak were to occur, public health officials along with hospitals, emergency medical services and others would activate a set of private, local, state and federal emergency response plans. Many of these plans underwent revision and testing for several months leading up to the Games but require further review and practical testing. These plans address the handling of samples, decontamination strategies, private health care facility and staff roles, distribution of needed medications and medical supplies, isolation and quarantine authority and techniques, request and activation of federal assistance, alternative communication mechanisms, and many other aspects of the health system response to a major community emergency situation.

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